

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0781172	1ST BAPTIST CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
945 STORRS ROAD			Connections	1				
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20048	WELL	2	WELL	A				

Contact Information

Name				Organization				Job Title		
Mr. John Riesen				1st Baptist Church				Chairman of Trustees		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
945 Srorrs Rd							Stors/ Mansfield		CT	06268
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-429-6043								office@fbcmansfieldct.com		
Contact Role(s):		Administrative Contact, Legal Contact								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0781172	1ST BAPTIST CHURCH	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
945 STORRS ROAD			1		
Towns Served: MANSFIELD					
Name		Organization		Job Title	
Spring Hill Baptist Church					
Mailing Address Line One		Mailing Address Line Two		City	State
945 Storrs Rd				Mansfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Owner					
Name		Organization		Job Title	
The First Babbist Church of Mansfield					
Mailing Address Line One		Mailing Address Line Two		City	State
945 Storrs Rd				Mansfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780034	HOLIDAY MALL			NC	45	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1733 STORRS ROAD					3			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2018	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019	
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21337	WELL	2	WELL	A				
54218	HOLIDAY MALL TREATMENT SYSTEM							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780034	HOLIDAY MALL			NC	45	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1733 STORRS ROAD				3			
Towns Served: MANSFIELD							

Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Total Coliform Rule Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
54220	BLADDER STORAGE						

Contact Information

Name				Organization		Job Title		
Mr. Robert Moskowitz				E&I Associates, LLC				
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
117 Stonemill Road						Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-429-6109		860-429-8758						

Contact Role(s): **Administrative Contact, Legal Contact**

Name				Organization			Job Title		
E & I Associates LLC									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
117 Stonemill Rd						Stores		CT	06268
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780064	CAMP HOLIDAY HILL			NC	132	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
41 CHAFFEEVILLE ROAD					3			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT WELL #5 (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility: **ENTRY POINT WELL #6 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/9/2014	
RESPOND TO SANITARY SURVEY	11/18/2018	
CROSS CONNECTION SURVEY REPORT	12/31/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	10/1/16 - 12/31/16	3	4/13/2018		4/23/2018	
Total Coliform M&R Violation	10/1/16 - 12/31/16	3	4/13/2018		4/23/2018	

Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage</i>
<i>Facility ID</i>		<i>ID</i>	<i>Description</i>	<i>Rule</i>	<i>Rule Tier</i>	<i>Asbestos WQP 2 DBDP</i>

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780064	CAMP HOLIDAY HILL			NC	132	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
41 CHAFFEEVILLE ROAD				3			

Towns Served: MANSFIELD

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQR	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
	DOWNSTREAM	WITHIN 5 SERVICE CON	A					
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT WELL #5	3	ENTRY POINT	A				
00701	ENTRY POINT WELL #6	3	ENTRY POINT	A				
21340	WELL #5	2	WELL	A				
51405	WELL #6	2	WELL #6	A				

Contact Information

Name				Organization			Job Title	
Mr. Dudley Hamlin				Holiday Recreation Center, Inc			Director	
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
41 Chaffeeville Road						Mansfield	CT	06250
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-423-1375		860-456-2444		860-423-1227	DUDLEY.HAMLIN@SNET.NET			

Contact Role(s): **Administrative Contact**

Name				Organization			Job Title	
Ms. Gwen Duff				Holiday Recreation Center, Inc			Owner	
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
41 Chaffeeville Road						Mansfield	CT	06250
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-423-1375		860-456-2444						

Contact Role(s): **Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780104	FIRST CHURCH OF CHRIST IN MANSFIELD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
549 STORRS ROAD				1			
Towns Served: MANSFIELD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT - WELL 1A (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELL 1A (3)	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		
	1/1/19 - 12/31/19		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	1/1/17 - 12/31/17	3	3/19/2019		3/29/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELL 1A	3	EP - WELL 1A	A				
54900	WELL 1A	2	WELL 1A	A				

Contact Information

Name		Organization			Job Title		
Mr. John D. Little		First Church of Christ					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
P. O. Box 36		(Attn. Business Committee)			Mansfield	CT	06250
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
666-100-0000				666-000-0000			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source	
CT0780104	FIRST CHURCH OF CHRIST IN MANSFIELD				NC	25	P	GW	
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
549 STORRS ROAD						1			
Towns Served: MANSFIELD									
860-423-9008					860-305-2245				
Contact Role(s):	Administrative Contact, Legal Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780134	COYOTE FLACO			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
50 HIGGINS HIGHWAY (ROUTE 31)				1			

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete	
	7/1/18 - 9/30/18		Complete	
	10/1/18 - 12/31/18			
	1/1/19 - 3/31/19			
	4/1/19 - 6/30/19			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete	
	7/1/18 - 9/30/18		Complete	
	10/1/18 - 12/31/18			
	1/1/19 - 3/31/19			
	4/1/19 - 6/30/19			

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete	
	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19			

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	4/1/04 - 6/30/04	2	11/6/2004		11/16/2004	
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/6/2004		11/16/2004	
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/10/2005		2/20/2005	
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	1/11/2006		1/21/2006	
Total Coliform MCL Violation	7/1/06 - 9/30/06	2	10/7/2006		10/17/2006	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21346	WELL	2	WELL	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780134	COYOTE FLACO			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
50 HIGGINS HIGHWAY (ROUTE 31)				1			

Towns Served: MANSFIELD

Contact Information

Name				Organization			Job Title		
Mr. William Cabrera				Coyote Flaco					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 Higgins Highway						Mansfield		CT	06250
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-423-4414									

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780154	452 STAFFORD ROAD - GRANDMA COMFORT FOOD			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
452 STAFFORD ROAD					1			

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	10/27/2018	
RESPOND TO SANITARY SURVEY	10/27/2018	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21348	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Mr. Ken Burkamp							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
811 Main Street		P O Box 1021			Manchester	CT	06045-1021
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0780154	452 STAFFORD ROAD - GRANDMA COMFORT FOOD	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
452 STAFFORD ROAD			1		
Towns Served: MANSFIELD					
860-646-1442		860-646-1442			
Contact Role(s): Administrative Contact, Legal Contact					
Name		Organization		Job Title	
The Five Ks Reality Trust LLC					
Mailing Address Line One		Mailing Address Line Two		City	State
452 Stafford Rd				Mansfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780164	CUMBERLAND FARMS			NC	33	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1660 STORRS ROAD(OR 643 MIDDLE TURNPIKE)					1			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	6/27/2014	
CROSS CONNECTION SURVEY REPORT	3/1/2015	
RESPOND TO SANITARY SURVEY	10/27/2018	
RESPOND TO SANITARY SURVEY	10/27/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	7/24/2013		8/3/2013	
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	6/24/2014		7/4/2014	
Total Coliform M&R Violation	11/1/17 - 11/30/17	3	3/19/2019		3/29/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780164	CUMBERLAND FARMS			NC	33	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1660 STORRS ROAD(OR 643 MIDDLE TURNPIKE)					1			
Towns Served: MANSFIELD								

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21349	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title	
Mr. Mark Souza				Cumberland Farms			Maintenance Manager	
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Cfi/Gulf A Group of Companies			2643 Hartford Avenue			Johnston	RI	02919
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
401-477-2387		401-934-1827			msouza@cumberlandfarms.com			

Contact Role(s): **Administrative Contact**

Name				Organization			Job Title	
Mr. Robert C. Schuler				Cumberland Gulf Group			Manager	
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
2643 Hartford Avenue						Johnston	RI	02719
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
800-452-0333				508-270-1413	rschuler@cumberlandgulf.com			

Contact Role(s): **Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780174	SPRING HILL CAFE LLC			NC	72	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1029 STORRS ROAD				1			
Towns Served: MANSFIELD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Total Coliform (3100)		3 (TR) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 10/31/18		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility: **WELL (WSF ID: 21350)**

E. Coli (3014)		1 triggered (TG) per period	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	9/17/18 - 9/23/18		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/31/2017	
L1 ASSESSMENT FORM SUBMITTAL	10/19/2018	10/17/2018
L1 ASSESSMENT (MULTIPLE TC+)	10/19/2018	10/17/2018

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	01	REALTOR BATH	A	Y		Y	
		02	CAFE BATH 1	A	Y		Y	
		03	CAFE BATH 2	A	Y		Y	
		04	3 BAY SINK	A	Y		Y	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780174	SPRING HILL CAFE LLC			NC	72	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1029 STORRS ROAD				1			
Towns Served: MANSFIELD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		05	HAND SINK	A	Y		Y	
		06	GIFT SHOP SINK	A	Y		Y	
		07	APARTMENT KITCHEN	A	Y		Y	
		08	APARTMENT BATH	A	Y		Y	
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	DISTRIBUTION SYSTEM	A				
		UPSTREAM	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
21350	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title			
Mr. Michael McDonald				Spring Hill Cafe LLC					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1029 Storrs Road						Storrs		CT	06268
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-878-8597							stixnstonesct@yahoo.com		

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780204	LUCKY STRIKE LANES, INC.			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
185 STAFFORD ROAD				1			
Towns Served: MANSFIELD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	4/30/2013	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21352	WELL	2	WELL	A				
54222	ATM STORAGE TANK							
54224	PRESSURE STORAGE							

Contact Information

Name		Organization	Job Title		
Mr. Jessie L. Dunnack		Lucky Strike Lanes Inc	Sec. & Treasurer		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
127 Stafford Rd			Mansfield Center	CT	06250

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0780204	LUCKY STRIKE LANES, INC.	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
185 STAFFORD ROAD			1		
Towns Served: MANSFIELD					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-423-8510					
Contact Role(s): Owner					
Name			Organization		Job Title
Mr. Robert A. Dunnack, Sr.			Lucky Strike Lanes Inc		Owner
Mailing Address Line One		Mailing Address Line Two		City	State
127 Stafford Rd				Mansfield Center	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-423-8510					luckystrikelanesct@gmail.com
Contact Role(s): Administrative Contact, Legal Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780234	MANSFIELD DRIVE-IN			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
228 STAFFORD ROAD					1			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21355	WELL	2	WELL	A				
59276	HYDROPNEUMATIC TANK							

Contact Information

Name				Organization		Job Title		
Mr. Michael R. Jungden				Mansfield Drive In Theatre Inc		President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
228 Stafford Rd						Mansfield Center	CT	06250
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address	
860-456-2578						860-428-6346	MICHAEL@MANSFIELDDRIVEIN.COM	
Contact Role(s):		Administrative Contact, Legal Contact, Owner						

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780234	MANSFIELD DRIVE-IN			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
228 STAFFORD ROAD				1			

Towns Served: MANSFIELD

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780244	466 STORRS RD			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
466 STORRS ROAD					1			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/17/2017	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21356	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Mr. Ranjit S. Blaggen		Maharaja Indian Restaurant			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
48 Cedar Swamp Rd					Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-7383					ranjitsblaggen@gmail.com		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780244	466 STORRS RD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
466 STORRS ROAD				1			

Towns Served: MANSFIELD

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780274	MANSFIELD LIBRARY BUCHANAN CENTER			NC	217	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
54 WARRENVILLE ROAD					1			

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	11/18/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21358	WELL	2	WELL	A				
55690	BLADDER TANK							

Contact Information

Name		Organization		Job Title		
Mr. Bill J. Trietch		Town of Mansfield		Deputy Dir. Facility		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
4 South Eagleville Road				Mansfield	CT	06268

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0780274	MANSFIELD LIBRARY BUCHANAN CENTER	NC	217	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
54 WARRENVILLE ROAD			1		
Towns Served: MANSFIELD					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-429-3322		860-487-4443		860-234-1854	TrietchWJ@mansfieldct.org
Contact Role(s): Administrative Contact					
Name			Organization		Job Title
Ms. Maria Capriola			Town of Mansfield		Interim Town Manager
Mailing Address Line One		Mailing Address Line Two		City	State
Audrey P. Beck Municipal Building		4 South Eagleville Road		Mansfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-429-3336					TownMngr@mansfieldct.org
Contact Role(s): Legal Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780334	847 STAFFORD ROAD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
847 STAFFORD ROAD			1	1			
Towns Served: MANSFIELD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/21/2017	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21364	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Ms. Kerry John		Lucile John Trust			Co-Trustee		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
855 Stafford Rd.					Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-2622							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780334	847 STAFFORD ROAD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
847 STAFFORD ROAD			1	1			

Towns Served: MANSFIELD

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780354	THOMPSONS GENERAL STORE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
54 MIDDLE TURNPIKE				1			

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60711	WELL 1	2	WELL 1	A				

Contact Information

Name				Organization			Job Title		
Mr. Burnham W. Thompson				G. Merritt Thompson & Sons			Vice President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
54 Middle Turnpike						Mansfield Depot		CT	06251
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-429-9378			860-429-9378			860-429-5191			
Contact Role(s):		Administrative Contact, Owner							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0780354	THOMPSONS GENERAL STORE	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
54 MIDDLE TURNPIKE			1		
Towns Served: MANSFIELD					
Name		Organization		Job Title	
Ms. April Holinko		G. Merritt Thompson & Sons		Owner	
Mailing Address Line One		Mailing Address Line Two		City	State
52 Middle Turnpike				Mansfield Depot	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-429-4449					
Contact Role(s): Owner					
Name		Organization		Job Title	
Mr. George M. Jr Thompson		G. Merritt Thompson & Sons		President	
Mailing Address Line One		Mailing Address Line Two		City	State
54 Middle Turnpike				Mansfield Depot	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-429-9378		860-429-9378		860-429-6247	thompsons01@charterinternet.net
Contact Role(s): Legal Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780384	MANSFIELD X-TRA MART			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2103 STORRS ROAD					1			

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility: **WELL (WSF ID: 21368)**

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21368	WELL	2	WELL	A				
57200	TREATMENT PLANT							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780384	MANSFIELD X-TRA MART			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2103 STORRS ROAD				1			
Towns Served: MANSFIELD							

Contact Information

Name				Organization			Job Title		
Mr. Syed Sami				Saybrook Road LLC					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 21						Durham		CT	06422
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-645-6443							chorbaty@outlook.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner									

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780394	TOAST FOUR CORNERS			NC	316	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
625 MIDDLE TURNPIKE					1			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21369	WELL 1	2	WELL 1	A				
59883	WELL 2	2	WELL 2	A				
59885	BLADDER TANK - ROOM 1							
59887	ATMOSPHERIC TANKS - ROOM 1							
59889	BLADDER TANKS - ROOM 2							
59891	ATMOSPHERIC TANKS - ROOM 2							

Contact Information

Name		Organization		Job Title		
Mr. Alfred Rondano		Harwinton Drilling & Eng Co.		Owner		
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code
376 Birge Park Road	P.O. Box 152		Harwinton		CT	06791

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780394	TOAST FOUR CORNERS			NC	316	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
625 MIDDLE TURNPIKE				1				

Towns Served: MANSFIELD

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
800-724-1584		860-485-9142	860-309-4924	860-309-4924	FREDHARDRILL@SBCGLOBAL.NET

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title
Mr. Samuel L. Schrager	Updike, Kelly & Spellacy, Pc	Attorney

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1733 Storrs Road	P.O. Box 534	Storrs	CT	06268-0534

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-548-2656		860-487-0030		860-208-7867	sschrager@uks.com

Contact Role(s): **Legal Contact**

Name	Organization	Job Title
Mr. Mark Sanderson	Oms Development, LLC	Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
3180 Washington Rd		West Palm Beach	FL	33405

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
828-526-2211					

Contact Role(s): **Owner**

Name	Organization	Job Title
Oms Development, LLC		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 534		Storrs	CT	06268

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
					omsanderson@gmail.com

Contact Role(s): **Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780424	PUBLIC AMERICA/MANSFIELD AQUASITION			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1659 STORRS RD				1			

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2012	
CROSS CONNECTION SURVEY REPORT	3/1/2015	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/18/2004		11/28/2004	
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	10/19/2005		10/29/2005	
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/23/2005		12/3/2005	
Total Coliform M&R Violation	7/1/05 - 9/30/05	2	2/22/2006		3/4/2006	
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/27/2006		5/7/2006	
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/27/2006		5/7/2006	
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/24/2006		11/3/2006	
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	7/24/2013		8/3/2013	
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	6/24/2014		7/4/2014	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WOP 2 DBPR
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NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780424	PUBLIC AMERICA/MANSFIELD AQUASITION			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1659 STORRS RD				1			

Towns Served: MANSFIELD

Facility ID	Facility Name	Location	Service	Status	Notes
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	
		UPSTREAM	WITHIN 5 SERVICE CON	A	
00700	ENTRY POINT	3	ENTRY POINT	A	
22888	WELL #1	2	WELL #1	A	
47553	TREATMENT PLANT	5	ENTRY POINT	A	
54214	ATMOSPHERIC STORAGE TANK				
54216	WX203 BLADDER TANK				

Contact Information

Name				Organization			Job Title		
Mr. Mark Sanderson				Oms Development, LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
3180 Washington Rd						West Palm Beach		FL	33405
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
828-526-2211									

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780434	MANSFIELD MARKETPLACE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
228 STAFFORD ROAD				1			

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22951	WELL #1	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Michael R. Jungden				Mansfield Drive In Theatre Inc			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
228 Stafford Rd						Mansfield Center		CT	06250
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-456-2578						860-428-6346	MICHAEL@MANSFIELDDRIVEIN.COM		
Contact Role(s):		Administrative Contact, Legal Contact, Owner							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780434	MANSFIELD MARKETPLACE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
228 STAFFORD ROAD				1			
Towns Served: MANSFIELD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780464	603 MIDDLE TURNPIKE - MANSFIELD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
603 MIDDLE TURNPIKE (ROUTE 44)				3			
Towns Served: MANSFIELD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	7/1/06 - 9/30/06	2	1/3/2007		1/13/2007	
Total Coliform M&R Violation	10/1/06 - 12/31/06	2	4/15/2007		4/25/2007	
Physical Parameters M&R Violation	7/1/06 - 9/30/06	3	12/4/2007		12/14/2007	
Physical Parameters M&R Violation	10/1/06 - 12/31/06	3	3/15/2008		3/25/2008	
Physical Parameters M&R Violation	1/1/07 - 3/31/07	3	6/3/2008		6/13/2008	
Total Coliform M&R Violation	1/1/10 - 3/31/10	2	7/3/2010		7/13/2010	
Physical Parameters M&R Violation	1/1/10 - 3/31/10	3	6/3/2011		6/13/2011	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23034	WELL #1	2	WELL #1	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780464	603 MIDDLE TURNPIKE - MANSFIELD			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
603 MIDDLE TURNPIKE (ROUTE 44)			Connections		3			
Towns Served: MANSFIELD								

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
57196	TREATMENT PLANT						

Contact Information

Name		Organization		Job Title	
Mr. David Scranton		Scranton Associates, LLC		Owner	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
68 Barstow Lane				Tolland	CT 06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-872-0838				860-429-7760	

Contact Role(s): **Administrative Contact**

Name		Organization		Job Title	
Mr. Bruce S. Beck		Beck And Eldergill, P.C.		Attorney	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
447 Center Street				Manchester	CT 06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-646-5606					

Contact Role(s): **Legal Contact**

Name		Organization		Job Title	
Scranton Associates LLC					
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
447 Center Street				Manchester	CT 06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0780554	BICENTENNIAL PARK			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
230 CLOVER HILL ROAD			Connections		1			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18	10/1-10/31	
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17	4/1-10/31	Complete
	1/1/18 - 12/31/18	4/1-10/31	Complete
	1/1/19 - 12/31/19	4/1-10/31	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	P	Y			
		BICENT001	MENS ROOM	A	Y			
		BICENT002	WOMENS ROOM	A	Y			
		BICENT003	PUMP ROOM TAP	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	P				
47904	WELL #1	2	WELL #1	P				

Contact Information

Name				Organization			Job Title		
Mr. Bill J. Trietch				Town of Mansfield			Deputy Dir. Facility		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 South Eagleville Road						Mansfield		CT	06268
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0780554	BICENTENNIAL PARK	NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
230 CLOVER HILL ROAD			1		
Towns Served: MANSFIELD					
860-429-3322		860-487-4443	860-234-1854		TrietchWJ@mansfieldct.org
Contact Role(s): Administrative Contact, Owner					
Name		Organization		Job Title	
Ms. Maria Capriola		Town of Mansfield		Interim Town Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
Audrey P. Beck Municipal Building		4 South Eagleville Road		Mansfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-429-3336					TownMngr@mansfieldct.org
Contact Role(s): Legal Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0787024	LIONS PARK			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
PARK ROAD			Connections		1			
Towns Served: MANSFIELD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48865	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. Bill J. Trietch		Town of Mansfield		Deputy Dir. Facility		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
4 South Eagleville Road				Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-429-3322		860-487-4443		860-234-1854	TrietchWJ@mansfieldct.org	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0787024	LIONS PARK	NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
PARK ROAD			1		
Towns Served: MANSFIELD					
Contact Role(s): Administrative Contact					
Name		Organization		Job Title	
Ms. Maria Capriola		Town of Mansfield		Interim Town Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
Audrey P. Beck Municipal Building		4 South Eagleville Road		Mansfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-429-3336					TownMngr@mansfieldct.org
Contact Role(s): Legal Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0787044	873 STAFFORD ROAD - MANSFIELD			NC	32	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
							1	

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	1/1/15 - 12/31/15	2	6/1/2016		6/11/2016	
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
58731	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization		Job Title		
Mr. Rafiahmed Khoda		Eagleville Enterprises, LLC		Owner		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code	
873 Stafford Road			Mansfield	CT	06268	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0787044	873 STAFFORD ROAD - MANSFIELD			NC	32	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
						1	

Towns Served: MANSFIELD

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-429-5663				860-977-9595	

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0787084	RED BARN CREAMERY			NC	28	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
483 BROWNS ROAD				1			
Towns Served: MANSFIELD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete	
	7/1/18 - 9/30/18		Complete	
	10/1/18 - 12/31/18			
	1/1/19 - 3/31/19			
	4/1/19 - 6/30/19			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete	
	7/1/18 - 9/30/18		Complete	
	10/1/18 - 12/31/18			
	1/1/19 - 3/31/19			
	4/1/19 - 6/30/19			

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete	
	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19			

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/21/2017	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/9/2019		3/19/2019	
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/9/2019		3/19/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60538	WELL 1	2	WELL 1	A				

Contact Information

<i>Name</i>		<i>Organization</i>	<i>Job Title</i>		
Mr. Bryan Kielbania		Red Barn Creamery	Co-Partner		
<i>Mailing Address Line One</i>	<i>Mailing Address Line Two</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0787084	RED BARN CREAMERY	NC	28	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
483 BROWNS ROAD			1		
Towns Served: MANSFIELD					
		408 Browns Road		Storrs	CT 06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-428-9502					bkielbania@msn.com
Contact Role(s):	Administrative Contact, Legal Contact, Owner				

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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